

Higher Education Coordinating Board/Degree Authorization

P.O. Box 43430 • Olympia, WA 98504-3430

Phone: 360-753-7869 • Fax: 360-704-6203

TRANSCRIPT REQUEST FORM

Student Information:

Name: _____
(if your name has changed since attending the school, please provide the name used during your attendance)

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-Mail: _____

Last four digits of your social security number or Student ID # (if known): _____
(required in order to verify your identity)

School Information:

Name of the school you attended: _____

Dates of Attendance: _____

Number of Transcripts requested: _____

Where the transcript(s) need to be sent:

Contact Name/Department: _____

School/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature/Certification:

By signing below, I certify that the records I am requesting are my own. Further, I authorize the release of my records to the school/organization identified above.

Requestor's Signature _____ Date _____

(YOU MUST SIGN THIS REQUEST OR IT CANNOT BE PROCESSED)

The Higher Education Coordinating Board can only accept signed, written requests submitted either via mail to the address noted above or via fax to 360-704-6203.